

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 3 — 0 2 7

2. STATE:

OKLAHOMA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

01-01-04

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 440.20 and 42 CFR 440.130(d)

7. FEDERAL BUDGET IMPACT:

a. FFY 2004 \$ 1,500,000b. FFY 2005 \$ 2,300,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

See Attached

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

See Attached

10. SUBJECT OF AMENDMENT:

HIPAA Compliance add PACT service

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ OTHER, AS SPECIFIED:☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Mike Fogarty

14. TITLE:

Chief Executive Officer

15. DATE SUBMITTED:

August 4, 2004

16. RETURN TO:

Oklahoma Health Care Authority

Attn: Jim Hancock

4545 N. Lincoln, Suite 124

Oklahoma City, OK 73105

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

~~10 AUGUST 2004~~ 2 Jan 04

18. DATE APPROVED:

22 NOVEMBER 2004

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

1 JANUARY 2004

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

ANDREW A. FREDRICKSON

22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR

DIV OF MEDICAID & CHILDREN'S HEALTH

23. REMARKS:

c: Mike Fogarty

Jim Hancock

* Pen + Ink Change made to show original submission date.

OKLAHOMA
STATE PLAN AMENDMENT
03-27

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State: OKLAHOMA

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
CATEGORICALLY NEEDY

2.a. Outpatient hospital services

Emergency Room Services – Emergency department services are covered. Payment is made at a case rate, which is an all-inclusive rate for all non-physician services provided during the visit.

Dialysis

Therapeutic radiology or chemotherapy – Outpatient chemotherapy is compensable for proven malignancies and opportunistic infections. Outpatient radiation is covered for the treatment of proven malignancies or when treating benign conditions utilizing stereotactic radiosurgery (e.g., gamma knife).

Outpatient hospital services – Outpatient hospital services, not specifically addressed, are covered when prior authorized.

Outpatient surgical services - Facility payments for selected surgical procedures on an outpatient basis will be made to hospitals which have a contract with the Agency.

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A

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Page 6a-1.1

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
CATEGORICALLY NEEDY

13.d. Rehabilitative Services 42 CFR 440.130(d)

13.d.1. Outpatient Behavioral Health Services -- Outpatient behavioral health services are covered for adults and children when provided in accordance with a documented individualized service plan developed to treat the identified mental health and/or substance abuse disorder(s).

A. Eligible Providers

1. Community based outpatient behavioral health organizations that have a current accreditation status as a provider of behavioral health services, from the Commission on the Accreditation of Rehabilitative Facilities (CARF) or the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO). Providers accredited by CARF/JCAHO must be able to demonstrate that the scope of the current accreditation includes all programs, services and sites where Medicaid compensated services are rendered. Community based social or family services organizations are allowed to substitute Council on Accreditation (COA) Mental Health and/or Substance abuse program accreditation appropriate to the services provided in lieu of CARF or JCAHO accreditation.

2. Psychiatric hospitals must be appropriately licensed and certified by the State Survey Agency as meeting Medicare psychiatric hospital standards including JCAHO accreditation. Psychiatric hospitals must be able to demonstrate the scope of the current accreditation includes all programs and sites where Medicaid outpatient behavioral services will be performed.

3. Acute care hospitals must be appropriately licensed and certified by the State Survey Agency as meeting Medicare standards, including JCAHO or American Osteopathic Association (AOA) certification. Acute Care Hospitals must be able to demonstrate the scope of the current accreditation includes all programs and sites where Medicaid outpatient behavioral health services will be performed.

B. Provider Specialties

1. Public Programs -- Public programs are those organizations who contract directly with the OHCA and are regionally based community mental health centers and the organizations contracted with the Department of Mental Health and Substance Abuse Services for the provision of outpatient mental health and substance abuse services.

2. Private Programs -- Private programs are those organizations who contract directly with the OHCA and who have no contractual relationship with the ODMHSAS for the provision of Outpatient Behavioral Health services.

C. Covered Services

The following services are included in Outpatient Behavioral Health Services and are included in the fee schedule which is kept current on the Agency data base, the Agency library, and are available to the public:

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**AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
CATEGORICALLY NEEDY**

13.d Rehabilitative Services (continued)

13.d.1. Outpatient Behavioral Health Services (continued)

Mental Health Assessment by a Non-Physician -- Mental Health Assessment by a Non-Physician includes a history of psychiatric symptoms, concerns and problems, mental health status, psychosocial history, a DSM five axes diagnosis, an evaluation of alcohol and other drug use, as well as the client's strengths. A moderate complexity modifier is allowed for clients seeking services. This service is performed by a mental health professional.

Mental Health Services Plan Development by a Non-Physician -- This is a process by which the information obtained in the assessment is evaluated and used to develop a service plan that has individualized goals, objectives, activities and services that will enable a client to improve. It is to focus on recovery and must include a discharge plan. This service is conducted by the treatment team, which includes the client and all involved practitioners.

Individual/Interactive Psychotherapy -- Individual Psychotherapy is a face-to-face treatment for mental illnesses and behavioral disturbances in which the clinician, through definitive therapeutic communication attempts to alleviate, reverse or change maladaptive behaviors or emotional disturbances. Interactive Psychotherapy is generally furnished to children or other individuals who lack the expressive language or communication skills necessary to understand the clinician and usually involves the use of equipment or an interpreter. This service is performed by a mental health professional.

Family Psychotherapy -- Family Psychotherapy is a face to face psychotherapeutic interaction between a mental health professional and the client's family, guardian and/or support system. It must be performed for the direct benefit of the Medicaid recipient.

Group Psychotherapy -- Group Psychotherapy is a method of treating behavioral disorders using the interaction between two or more individuals and the practitioner or therapist. It is provided by a mental health professional.

Psychosocial Rehabilitation Services -- Psychosocial Rehabilitation services are behavioral health remedial services that are necessary to improve the client's ability to function in the community. They are performed to improve the client's social skills and ability of the client to live independently in the community. They may be performed in a group or one to one. This service is performed by a Behavioral Health Rehabilitation Specialist.

Crisis Intervention Services -- Crisis intervention is performed to respond to acute behavioral or emotional dysfunction as evidenced by severe psychiatric distress. It is performed by a Mental Health Professional.

Psychological Testing -- Psychological testing is provided by psychologists using generally accepted testing instruments in order to better diagnose and treat a client.

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**AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
CATEGORICALLY NEEDY**

13.d Rehabilitative Services (continued)

13.d.1. Outpatient Behavioral Health Services (continued)

Medication Training and Support -- Medication Training and Support is a review and educational session performed by a registered nurse or a physician assistant focusing on a client's response to medication and compliance with the medication regimen.

Crisis Intervention Services (facility based stabilization) -- This service is to provide emergency stabilization to resolve psychiatric and/or substance abuse crisis. It includes detoxification, assessment, physician care and therapy. It may only be performed by providers designated and qualified by the ODMHSAS to provide this care for the community.

D. Limitation on Services: All services will be subject to medical necessity criteria. Services not prior authorized will not be Medicaid compensable with the exception of Mental Health Assessment by a Non-Physician, Mental Health Service Plan Development, and Crisis Intervention Services (by a Mental Health Professional and Facility based). Payment is not made for outpatient behavioral health services for children who are receiving Residential Behavioral Management Services in a Group Home or Therapeutic Foster Care with the exception of Psychotherapy services which must be authorized by the OHCA or its designated agent, as medically necessary and indicated. Recipients residing in a Nursing Facility are not eligible for Outpatient Behavioral Health Services.

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**AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
CATEGORICALLY NEEDY**

13.d Rehabilitative Services (continued)

13.d.2. Program of Assertive Community Treatment (PACT)

Program of Assertive Community Treatment is a service-delivery model for providing comprehensive community-based behavioral health treatment and rehabilitation services and is intended for individuals age 18 and older with psychiatric illnesses that are most severe and persistent. The service is a multidisciplinary and mobile mental health team who functions interchangeably to provide the rehabilitation and treatment services designed to enable the consumer to live successfully in the community in an independent or semi-independent arrangement

Provider Qualifications

Providers of PACT services are specific teams within a behavioral health organization and must be operated by (or contracted with) and certified by the ODMHSAS in accordance with 43A O.S. 3-319 and Oklahoma Administrative Code 450:55 and 317:30.

Program of Assertive Community Treatment teams shall provide a comprehensively staffed team including a psychiatrist, peer/family support staff (licensed mental health practitioner), and clinical staff (mental health practitioners and registered nurses). Team members must be appropriately licensed.

PACT Service Components

Program of Assertive Community Treatment includes the following components:

- (a) Mental Health Assessment by a Non-Physician
- (b) Mental Health Service Plan Development by a Non-Physician
- (c) Individual/Interactive Psychotherapy
- (d) Family Psychotherapy
- (e) Group Psychotherapy
- (f) Psychosocial Rehabilitation Services
- (g) Crisis Intervention Services
- (h) Psychological Testing
- (i) Medication Training and Support
- (j) Care Management (coordination of services/activities within PACT benefit)

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LIMITATIONS – REHABILITATIVE SERVICES

13.d Rehabilitative Services (continued)

13.d.2. Program of Assertive Community Treatment (continued)

Limitation on Services

Program of Assertive Community Treatment services must be medically necessary and recommended by a licensed mental health professional prior to receiving these services. An assessment must be completed to receive the service(s). Covered services are available only to Medicaid eligible recipients with a written service plan containing the recommended necessary psychiatric rehabilitation and support services. PACT services are limited to no more than 12 units per month. Individuals receiving PACT services are ineligible for outpatient Behavioral Health Services described in Attachment 3.1A, Pages 6a-1.2 and 6a-1.3. Recipients living in an IMD are not eligible for PACT services.

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**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
OTHER TYPES OF CARE**

Rehabilitative Services

Outpatient Behavioral Health Services

Payment rates are established using a relative value unit (RVU) fee schedule. A monetary conversion factor (CF) will be used to determine the overall level of payment to providers for each service. Separate conversion factors are established for public and private programs. The formula for calculating the rate for each service is as follows:

$$RVU \times CF = \text{Rate}$$

PACT Services

A per diem fee has been established for PACT services that are all-inclusive of any and all treatment and rehabilitation intervention services provided in one day by the PACT team. The payment rate does not include room and board.

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